

vision: HCFA-PM-91-8 (MB)
OCOTBER 1991

ATTACHMENT 2.6-A
Page 22a
OMB No.:

State: Ohio

1902(u) of the Act	9.1	For COBRA continuation beneficiaries, the resource standard is:
	—	Twice the SSI resource standard for an indiviudal.
	—	More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-a.

Citation

Condition or Requirement

9.2	For specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E) of the Act, the resource standard is twice the SSI standard.
-----	---

No. 93-04
ersedes
TN No. 91-27

Approval Date 4-21-93

Effective Date 1-1-93

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.6-A
Page 23
OMB No.: 0938-

State: Ohio

Citation

Condition or Requirement

10. Excess Resources

- a. Categorically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals

Any excess resources make the individual ineligible.

- b. Categorically Needy Only

☒ This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.

- c. Medically Needy

Any excess resources make the individual ineligible.

TN No. 91-27
Supersedes
TN No. 90-17

Approval Date 1-21-92

Effective Date 10-1-91

HCFA ID: 7985E

OFFICIAL

State: Ohio

Citation	Condition or Requirement
42 CFR 435.914	11. Effective Date of Eligibility a. Groups Other Than Qualified Medicare Beneficiaries (1) For the prospective period. Coverage is available for the full month if the following individuals are eligible at any time during the month. <u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related. Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements. <u> </u> Aged, blind, disabled. <u> </u> AFDC-related. (2) For the retroactive period. Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied: <u>X</u> Aged, blind, disabled. <u>X</u> AFDC-related. Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.. <u> </u> Aged, blind, disabled. <u> </u> AFDC-related.

TN No. 91-27
Supersedes
TN No. 89-11

Approval Date 1-2-92

Effective Date 10-1-91

HCFA ID: 7985E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.6-A
Page 25
OMB No.: 0938-

State: Ohio

Citation	Condition or Requirement
1920(b)(1) of the Act	<p>___(3) For a presumptive eligibility period for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the date a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan and ends on the earlier of the day the State agency makes a determination of eligibility for Medicaid or 45 days after the qualified provider makes the income eligibility determination. The woman must file an application for Medicaid with the State agency within 14 calendar days after the date on which the qualified provider makes the presumptive eligibility determination. Otherwise coverage ends on that 14th day.</p>
1902(e)(8) and 1905(a) of the Act	<p><u>/X/</u> b. For qualified Medicare beneficiaries defined in section 1905(p)(1) of the Act, coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--</p> <p><u>/X/</u> 12 months</p> <p><u>/</u> 6 months</p> <p><u>/</u> ___ months (no less than 6 months and no more than 12 months)</p>

TN No. 91-27
Supersedes
TN No. 89-11

Approval Date 1-28-92

Effective Date 10-1-91

HCFA ID: 7985E

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.6-A
Page 26
OMB No.: 0938-

Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	<p>12. Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to ATTACHMENT 2.6-A</u>.</p>

TN No. 41-27
Supersedes
TN No. 87-16

Approval Date 1-21-92

Effective Date 10-1-91

HCFA ID: 7985E

OFFICIAL

Revision: HCFA-PM-97-3
December 1997

ATTACHMENT 2.6-A
Page 26a
OMB No.: 0938-0673

State: Ohio

Citation	Condition or Requirement
----------	--------------------------

1924 of the Act	13. The agency complies with the provisions of § 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.
-----------------	---

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

___ the maximum standard permitted by law;

___ the minimum standard permitted by law; or

X a standard that is an amount between the minimum and the maximum. *The standard is 50% of the total countable resources up to the maximum standard permitted by law.*

TN No. 98-05
Supersedes
TN No. New

Approval Date JUN 18 1998 Effective Date 7/1/98

State _____

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
----------	--------------------------

Coverage available only for period during the month for which individual meets eligibility requirements

____ Aged, blind, disabled

____ AFDC - related

b. Retroactive

Coverage available for three months before the date of application, if eligible

 X Aged, blind, disabled

 X AFDC - related

Coverage available beginning the first day of the third month before date of application, if eligible at any time during the month

____ Aged, blind, disabled

____ AFDC - related

TN # 82-20
Supersedes
TN # _____

Approval Date JUN 1 1982

Effective Date JUN 1 1982